

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146
 County Registrar No. 651
 Local Registrar No. _____
 Ward _____

2. Full name of child Patricia Ann Forbes { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth May 14, 1926
 Month Day Year

8. FATHER
 Full name Vivian Harris Forbes

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Salt Lake City, Utah
 (State or country)

13. Occupation
 Nature of Industry Welder

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (c) Stillborn _____

14. MOTHER
 Full maiden name Margaret C. Fox

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Globe, Arizona
 (State or country)

19. Occupation
 Nature of Industry Housewife

21. Were precautions taken against bph. thalnia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4:20 p.m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Cyril M. Brown M.D.
 Address Miami, Arizona
 (Physician or midwife)

Given name added from supplemental report. _____
 Month, day, year _____
 Filed June 4, 1926
 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

762-514-567